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ision: HCFA-PM-91- (BPD)

August 1991

OMB No.: 0938-

State: <u>Massachusetts</u>

SECTION 2 - COVERAGE AND ELIGIBILITY

<u>Ctation</u> 42 CFR 435.10 and Subpart J

2.1 Application, Determination of Eligibility and Furnishing Medicaid

The Medicaid agency meets all requirements of (a) 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

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State: Citation Except as provided in items 2.1(b)(2) and 2.1 (b) (1) 42 CFR 435.914 (3) below, individuals are entitled to Medicaid services under the plan during the 1902(a)(34) three months preceding the month of of the Act application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A. 1902(e)(8) and For individuals who are eligible for Medicare cost-sharing expenses as 1905(a) of the qualified Medicare beneficiaries under Act section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group. 1902(a)(47) and (3) Pregnant women are entitled to ambulatory 1920 of the Act prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group. 42 CFR (c) The Medicaid agency elects to enter into a risk 434.20 contract with an HMO that is--Qualified under title XIII of the Public Health Service Act or is provisionally

qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

Not applicable.

TN No. Approval Date JUN 1 1 1993 Effective Date 1/1/93 Supersedes TN No.

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HCFA-PM-91-6 (MB)

September 1991

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Massachusetts

Citation

1902(a)(55) of the Act

2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

Supersedes Approval Date Fig. 2 Effective Date

n/a Proval Date Fig. 1997

Effective Date

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